

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided:

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub.45-4).

☒ Provided: ☐ No limitations ☒ With limitations\*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 or the Public Health Service Act to a pregnant woman or individual under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations\*

- e. Indian Health Service Facility Services.

☒ Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment

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TN No. SC 11-024  
Supersedes  
TN No. SC 08-004

Approval Date 03-19-12

Effective Date 10/01/11

HCFA ID: 7986E



State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

☒ Provided: ☐ No limitations ☒ With limitations\*

1905(a) (4) (C)

c. Family Planning

(i) Family planning services and supplies for individuals of child-bearing age and for individuals (including men) eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State. Family Planning services are available to all Medicaid beneficiaries and include medical and counseling services related to alternatives for birth control, pregnancy prevention services and STI/HIV testing and counseling/education prescribed and rendered by physicians, hospitals, clinics, pharmacies and other Medicaid providers.

☒ Provided ☐ No limitations ☒ With limitations

Please describe any limitation.

- Charges incurred when a beneficiary enters an outpatient facility for sterilization purposes, but then opts out of the procedure
- Colposcopy and biopsy of cervix/vagina
- Removal of contraceptive implants due to medical complications

(ii) Family planning-related services provided under the above State Eligibility Option

d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations \*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt per 12 month period should be explained below.

Please describe any limitations:



Revision: HCFA-PM-92-3 (MB)  
April 1992

ATTACHMENT 3.1-A  
Page 2a  
OMB NO.:

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

☒ Provided ☒ with limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not Provided.

\*Description provided on attachment.

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TN No. SC 11-023  
Supersedes  
TN No. New Page

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State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' Services.

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

c. Chiropractors' Services.

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

d. Other Practitioners' Services.

- ☒ Provided: Identified on attached sheet with description of  
limitations, if any.  
☐ Not Provided

7. Home Health Services.

a. Intermittent or part-time nursing service provided by a home health agency  
or by a registered nurse when no home health agency exists in the area.

- ☒ Provided: ☐ No limitations ☒ With limitations\*

b. Home health aide services provided by a home health agency.

- ☒ Provided: ☐ No limitations ☒ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

- ☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. MA 98-013  
Supersedes  
TN No. MA 92-11

Approval Date 2/09/99 Effective Date 10/01/98

HCFA ID: 7986E



State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not Provided

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not Provided

\*Description provided on attachment.

TN No. MA 92-011

Supersedes

TN No. N/A

Approval Date 2/17/93

Effective Date 7/01/92

HCFA ID: 7986E



AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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9. Clinic services.

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

10. Dental Services

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

11. Physical therapy and related services.

a. Physical therapy.

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

b. Occupational therapy.

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under supervision of a speech pathologist or  
audiologist).

- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

\*Description provided on attachment.

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TN No. <u>SC 10-011</u>	Effective Date <u>11/01/10</u>
Supersedes	Approval Date <u>02/07/11</u>
TN No. <u>MA 85-14</u>	HCFA ID: 0069P/0002p



AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not Provided

c. Prosthetic devices

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not Provided

\*Description provided on attachment.

TN No. MA 85-14

Supersedes

TN No.       ?

Approval Date 9/24/85

Effective Date 07/01/85

HCFA ID: 0069P/0002P



AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening Services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

c. Preventive Services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not Provided

b. Nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided

\*Description provided on attachment.



State/Territory South Carolina

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

**15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.**

☒ Provided ☐ No limitations

☒ With limitations\* ☐ Not Provided:

**b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.**

☒ Provided ☐ No limitations

☒ With limitations\* ☐ Not Provided:

**16. Inpatient psychiatric facility services for individuals under 22 years of age.**

☒ Provided ☐ No limitations

☒ With limitations\* ☐ Not Provided:

**17. Nurse-midwife services**

☒ Provided ☐ No limitations

☒ With limitations\* ☐ Not Provided:

**18. Hospice care (in accordance with section 1905(o) of the Act).**

☒ Provided ☒ No limitations ☒ Provided in accordance with section 2302  
of the Affordable Care Act

☐ With limitations\* ☐ Not Provided:

**\*Description provided on attachment**

SC No. SC 12-023  
Supersedes  
SC No. MA 95-011

Approval Date 3-8-13 Effective Date 10/1/12



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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19. Case Management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to **ATTACHMENT 3.1-A** (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations\*  
☐ Not Provided

- b. Special tuberculosis (TB) related services under section 1902z) (2) (F) of the Act.

☒ Provided: ☒ With limitations\*  
☐ Not Provided

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60<sup>th</sup> day falls.

☒ Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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TN No. MA 14-008  
Supersedes Approval Date 03/11/15 Effective Date 11/04/14  
TN No. MA 99-002



State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided:

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the ACT).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided:

23. Pediatric or family nurse practitioners' services.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided:

**NOTE: South Carolina License Board does not license families pediatric nurse practitioners. However, nurse practitioners are covered at Attachment 3.1-A, Limitation Supplement, Page 4a, Section 6d.**

\*Description provided on attachment.

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TN No. SC 11-020  
Supersedes MA 99-002 Approval Date 07/09/14 Effective Date 10/1/11



State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

- ☒ Provided:      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

b. Services of Christian Science nurses.

- ☐ Provided:      ☐ No limitations      ☐ With limitations\*  
☒ Not Provided

c. Care and services provided in Christian Science sanatoria.

- ☐ Provided:      ☐ No limitations      ☐ With limitations\*  
☒ Not Provided

d. Nursing facility services provided for patients under 21 years of age.

- ☒ Provided:      ☐ No limitations      ☒ With limitations\*  
☐ No provided

e. Emergency hospital services.

- ☒ Provided:      ☐ No limitations      ☒ With limitations\*  
☐ Not provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

- ☐ Provided:      ☐ No limitations      ☐ With limitations\*  
☒ Not provided

g. .Birthing Centers:

- ☒ Provided:      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

\*Description provide on attachment.

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TN No. MA 99-002  
Supersedes  
TN No. MA 90-38

Approval Date 11/18/99

Effective Date 08/01/99

HCFA ID 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: South Carolina

SECTION 3 – SERVICES: GENERAL PROVISIONS

**3.1 Amount, Duration, and Scope of Services**

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

**A. Categorically Needy**

**24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

☐ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

☐ Without limitations      ☐ With limitations (Describe limitations in a Supplement 3.1A either a Supplement or in Attachment 3D).

**\*STOP HERE IF ANY OF THE ABOVE BOXES HAVE BEEN CHECKED\***

☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.

☐ Without limitations      ☒ With limitations (Describe limitations in a Supplement 3.1A either a Supplement or in Attachment 3D).

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with Agencies or programs.)

☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902 (a)(70) of the Social Security Act and with 42 CFR 440.170(a)(4).

☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).



- ☒ (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);



- ☐ (1) State-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)
- ☐ (10)(B) Comparability
- ☒ (23) Freedom of Choice
- ☒ (2) Transportation services provided will include:
- ☒ wheelchair van
  - ☐ taxi
  - ☒ stretcher car
  - ☒ bus passes
  - ☐ tickets
  - ☐ secured transportation
  - ☒ other transportation (if checked describe below other types of transportation provided.)
- Ambulatory, city or county public transportation, gas reimbursement, basic life support, advanced life support, bariatric transportation, air ambulance, train and aircraft.
- ☒ (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, qualified, competent and courteous:
  - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physical referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)
- ☒ (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- ☒ Low-income families with children (section 1931)
  - ☒ Deemed AFDC-related eligibles
  - ☒ Poverty-level related pregnant women
  - ☒ Poverty level infants
  - ☒ Poverty-level children 1 through 5
  - ☒ Poverty-level children 6 - 18
  - ☒ Qualified pregnant women AFDC – related



- ☒ Qualified children AFDC - related
  - ☒ IV-E foster care and adoption assistance children
  - ☒ TMA recipients (due to employment) (section 1925)
  - ☒ TMA recipients (due to child support)
  - ☒ SSI recipients
- ☒ (5) The broker contract will provide transportation to the following categorically needy optional populations.
- ☒ Optional poverty-level – related pregnant women
  - ☒ Optional poverty-level – related infants
  - ☒ Optional targeted low income children
  - ☒ Non IV-E children who are under State adoption assistance agreements
  - ☒ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - ☒ Individuals who meet income and resource requirements of AFDC or SSI
  - ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency. Individuals who would be eligible for AFCE if State plan had been as broad as allowed under Federal law
  - ☐ Children aged 15-20 who meet AFDC income and resource requirements
  - ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
  - ☒ Individuals infected with TB
  - ☒ Individuals screened for breast or cervical cancer by CDC program
  - ☒ Individuals received COBRA continuations benefits
  - ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
  - ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
  - ☒ Individuals terminally ill if in a medical institution and will receive hospice care
  - ☒ Individuals aged or disabled with income not about 100% FPL
  - ☐ Individuals receiving only an optional State supplement in 209(b) State
  - ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)
  - ☒ Employed medically improved individuals who buy into Medicaid TWWIIA Medical Improvement Group
  - ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
  - ☐ Individuals eligible under 1902(a)(10)(A)(i) – new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)
- ☒ (6) Payment Methodology
- (A) Please describe the methodology used by the State to pay the broker:



**Broker Transportation Services:**

Effective July 1, 2006, the South Carolina Department of Health and Human Services began providing Non-Emergency Medical Transportation Services through a Broker System. Under this system, the broker(s) will be responsible for the administration and provision of non-emergency medical transportation services provided to eligible Medicaid members within the state. Effective March 1, 2011, Broker providers began receiving on a monthly basis one twelfth of the fixed price annual bid amount developed by the Broker(s) for the regions awarded during the competitive procurement process as payment will be made via a gross adjustment. An adjustment may be made to the monthly payment in the event that the average retail price of fuel, including taxes, varies from one quarter to the next quarter by more than 20% in accordance with the following criteria:

During an abnormal disruption of the market as defined by South Carolina Code 39-5-145 in which the average retail price of fuel including taxes varies from one quarter to the next quarter by more than twenty percent (20%) according to the United States Department of Energy (DOE) quarterly average price index for the east coast region (PADD1), the Broker will be required to submit an addendum to the normal monthly invoice requesting an adjustment. For adjustment requests where the fuel price index increases by more than twenty percent (20%) from the previous quarter, the adjustment will be calculated by multiplying the fuel cost line item listed on the price proposal for the months effected, by one plus the additional percentage variance above twenty percent (20%). The DOE PADD1 index and forecast information is located on the DOE US Energy Information Administration website under forecasts and analysis of the short term energy outlook ([http://tonto.eia.doe.gov/cfapps/STEO\\_TableBuilder/index.cfm](http://tonto.eia.doe.gov/cfapps/STEO_TableBuilder/index.cfm)).

(B) Please describe how the transportation provider will be paid:

The Transportation Broker (Broker) is responsible for payments to transportation providers. These providers are required to submit fulfilled trips to the Broker within contractual timelines in order to be considered for payment. The Broker will match the submitted trips to their approved trip logs and will make payment directly to the transportation providers for all matching trips twice monthly.

Rates paid to each transportation provider are the responsibility of the Broker and are designated in the Broker/Transportation Provider contract. SCDHHS is not involved in the establishment of the transportation provider rates.

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than once source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State Appropriations received via the annual state budget process as appropriated by the South Carolina General Assembly.

- ☒ (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or local government (directly or indirectly). This assurance is

not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

- ☒ (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).



- ☐ (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- ☒ (7) The broker is a non-governmental entity:
  - ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
  - ☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
  - ☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
  - ☐ The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.
- ☐ (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
  - ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
  - ☐ Document that the Medicaid program is/ paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the amount charged to other human services agencies for the same service.
- (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of provider, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided.

The South Carolina Department of Health and Human Services shall ensure the provision of Non-Emergency Medical Transportation (NEMT) services through a Transportation Broker (Broker) model. The program covers transportation to and from health care services when those services are covered under the Medicaid State Plan. These services shall be provided to Medicaid Members eligible to receive fee-for-service NEMT services. The broker is an independent, non-governmental entity and may not itself provide transportation under the contract with the State, or refer to or subcontract with a transportation provider with which it has a financial relationship. The Broker shall comply with state and federal laws and regulations and the South Carolina State Plan for Medical Assistance. Federal regulations regarding NEMT services are described in 42 CFR 440.170.



NEMT services shall be provided within each region prior to January 2018 and statewide beginning thereafter. The Broker must fulfill all verified trip requests and must ensure that all trips are completed safely, on-time, and in compliance with all state and federal regulations and the South Carolina State Plan for Medical Assistance. SCDHHS expects the Broker to coordinate the delivery of trip coverage twenty-four (24) hours a day, seven (7) days a week, through written contracts for the delivery of NEMT services. The Broker shall process trip requests directly from eligible members or from facilities on behalf of an eligible member for approved NEMT services within the South Carolina Medical Service Area (SCMSA).

NEMT transportation shall include:

- City or County public transportation;
- Gas reimbursement programs;
- Ambulatory transportation;
- Wheelchair transportation;
- Stretcher transportation;
- Basic Life Support ambulance transportation;
- Advanced Life Support ambulance transportation;
- Specialized transportation including transportation for bariatric patients;
- Air Ambulance;
- Intrastate public conveyance (bus, train, aircraft).

The Broker(s) shall be responsible for the administrative oversight of the NEMT program as outlined in the contract with SCDHHS and shall:

- Recruit and negotiate contracts with to ensure an adequate network of qualified transportation providers;
- Establish and operate a call center;
- Determine the most appropriate level of transportation for members;
- Schedule trip assignments for covered services to eligible members and escorts;
- Process and pay transportation providers for approved NEMT services rendered;
- Ensure compliance of transportation providers with NEMT Broker contract terms and conditions;
- Monitor fraud and abuse and make referrals to SCDHHS' Program Integrity Department as appropriate;
- Perform quality assurance activities that include but are not limited to, corrective action plans, federal and state required audits/reviews and monitoring complaints;
- Produce management and performance reports in a timely manner.

SCDHHS performs daily, monthly and quarterly monitoring of the Broker to ensure compliance with all contract terms. On a daily basis, SCDHHS reviews all incidents. On a monthly basis, SCDHHS reviews Broker submitted monthly reports that summarize all trips, complaints and call center statistics as well as a dashboard report that contains the contract metrics for on-time performance and call center metrics. SCDHHS also reviews recorded calls to the Broker for compliance with operating procedures. On a quarterly basis, SCDHHS reviews member satisfaction surveys and participates in scheduled and unscheduled transportation site visits, performing driver, vehicle and record reviews.



**Access to Non-Emergency Transportation for Dual Eligible Beneficiaries Receiving  
Medicare Part D Outpatient Drugs**

Transportation to and from a pharmacy to obtain Part D prescription drugs is covered for full benefit dual eligible beneficiaries and is provided through the Broker. No transportation to and from a pharmacy is available when the pharmacy delivers or can provide medications by mail order.

**Coverage of Meals, Lodging and Escorts:**

In-state and out-of-state services for transportation, lodging and meals for members and escorts related to covered services shall be limited to prior approved arrangements and reimbursement as determined to be appropriate by the Broker of SCDHHS. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an escort may accompany the recipient to and from covered medical services. The Broker will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for in-state lodging and meals for beneficiaries and escorts.



28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ☐ No limitations ☒ With limitations

None licensed or approved

Please describe any limitations: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations (please describe below)

☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

Licensed Midwives

SC 11-016  
Effective Date: 09/15/11  
RO Approval: 12/21/11  
SUPERSEDES: New Page



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency South Carolina Department of Health and Human ServicesMEDICAID PROGRAM: REQUIREMENTS RELATING TO  
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d) (1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No. MA 05-011Supersedes \_\_\_\_\_ Approval Date 11/15/05 Effective Date 01/01/06TN No. New Page



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: South Carolina Department of Health and Human ServicesMEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT  
DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d) (2) and 1935(d) (2) 1.	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit -Part D.
	<b>The following excluded drugs are covered:</b>
	<input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
	<input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)
	<input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific drug categories below)
	<input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)
	<input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below)

TN No. SC 17-0007

Supersedes

TN No. SC 09-001Approval Date 04/28/17 Effective Date 01/01/17



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency South Carolina Department of Health and Human Services


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 MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT  
 DRUGS FOR THE CATEGORICALLY NEEDY
 

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Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	(The Medicaid agency lists specific category of drugs below)
	(a) South Carolina Medicaid will only cover lipase inhibitors
	(e) All categories of rebateable vitamins and mineral products, including prenatal vitamins and fluoride
	(f) Over the counter (OTC) drugs that are in the Medicaid drug rebate program and correspond to the covered legend drugs in (e)

\_\_\_ **No excluded drugs are covered.**



Supersedes  
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